

OGC Has Reviewed

25 April 1973

STATINTL

MEMORANDUM FOR:

[REDACTED]

SUBJECT:

Insurance Claim from Hartford Group

1. With reference to your memorandum of 16 April 1973 and the accident described therein, the undersigned has prepared a draft letter to the Hartford Insurance Agent for signature by [REDACTED]. I have also briefed [REDACTED] of Central Cover Staff concerning this accident and he has advised that he will be in touch with the proper cover component in the event this rather specious claim cannot be settled amicably.

STATINTL

2. If I can be of any further assistance, please call.

STATINTL

[REDACTED]

Assistant General Counsel

Att

GMB:ks

Distribution:

- Original - Addressee w/att and return of basic (OGC 73-0681)
- ✓ - ACCIDENTS w/cy basic
- 1 - GMB Signer
- 1 - Chrono

DRAFT LETTER TO HARTFORD INSURANCE AGENT

Mr. R. D. Mason, Jr.
The Hartford Group
4914 Radford Avenue
Richmond, Virginia 23230

Dear Mr. Mason:

STATINTL

Reference is made to your letter of March 30, 1973, to

STATINTL

[REDACTED]

In that letter you state one of your

insureds, Yorktown Materials, is seeking reimbursement from you for damage to one of its trucks. Our review of this accident indicates that it took place at about 11:30 a.m. on 21 November 1972, and it involved a 1972, flat bed, Chevrolet truck, driven by Mr. James Arnold Roberts, an employee of Yorktown Materials Corporation, Yorktown, Virginia. It occurred about 2.2 miles east of the city limits of Lackey, Virginia. The vehicle driven by

STATINTL

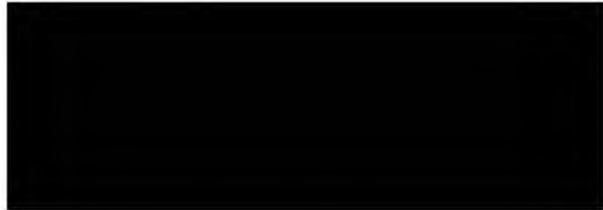
[REDACTED] was not struck in any way or was in no way involved in this accident. Our file on the matter reflects that the accident resulted solely from the negligence of Mr. Roberts and, in fact, Mr. Roberts was charged with reckless driving by the State Police.

In answer to your specific question concerning insurance, the Government is of course self-insured. With specific reference to this accident, however, the Government expressly denies any liability whatever.

If you have any further questions, please feel free to call me.

Sincerely,

STATINTL



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Norfolk Office
200 Janaf Executive Building
Janaf Shopping Center
Norfolk, Virginia 23502
Telephone: 857-1231



THE HARTFORD

STATINTL

March 30, 1973

STATINTL

As a result of the above captioned accident, claim has been made by our Insured, Yorktown Materials for an accident which occurred on the above date in which your driver, Roosevelt Taylor was involved.

This is notice to you of our intention to seek full reimbursement from you for any and all payments made.

If you are insured, please write the name of the insurance company and your policy number below and return to the address shown below. If you are not insured, please contact the writer at once.

Insurance Company _____

Policy Number _____

Very truly yours,

R. D. Mason, Jr.
THE HARTFORD GROUP
4914 Radford Avenue
Richmond, Virginia
1-703-358-0433

23230

rs

STATINTL

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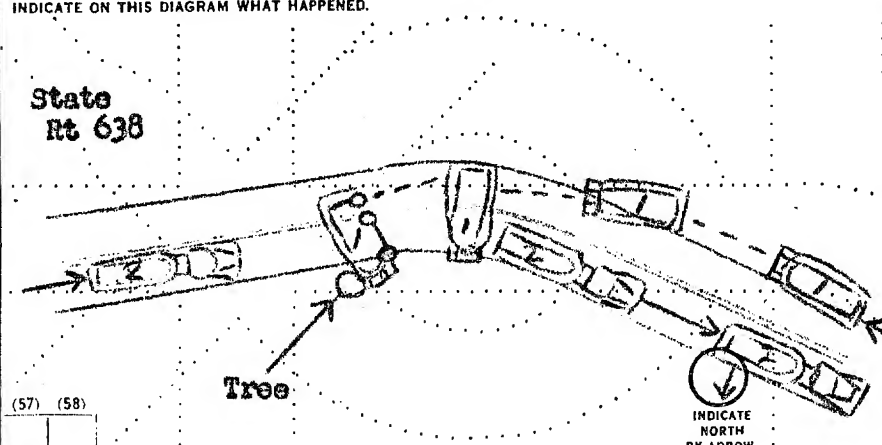
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DAMAGE TO PROPERTY
OTHER THAN VEHICLES. No 20.

OTHER THAN VEHICLES		NAME OBJECT, SHOW OWNERSHIP, AND STATE NATURE OF DAMAGE		APPROXIMATE COST TO REPAIR \$	
I N J U R E D	NAME..... James Aronld Roberts.....	ADDRESS..... P.O. Box 91, Rt 238, Lackey, Va.....	<input checked="" type="checkbox"/> DRIVER	IN VEHICLE NO. 1	
	AGE 22 (50)	NATURE AND EXTENT OF INJURY Possible cracked ribs on left side.	<input type="checkbox"/> PASSENGER	(51)	
	SEX M		<input type="checkbox"/> PEDESTRIAN		
	RACE N		<input type="checkbox"/> BICYCLIST		
	NAME.....	ADDRESS.....	<input type="checkbox"/> DRIVER	IN VEHICLE NO. (54)	
	AGE.....	NATURE AND EXTENT OF INJURY.....	<input type="checkbox"/> PASSENGER		
	SEX.....		<input type="checkbox"/> PEDESTRIAN		
	RACE.....		<input type="checkbox"/> BICYCLIST		
TOTAL INJURED	Approved For Release 2001/11/01 : CIA-RDP75-00793R000100190042-3				
1	WAS PERSON KILLED.....				

11/21/72 JCC Am

LOCATION IN VEHICLE OF PERSONS KILLED AND INJURED. (CHECK ONE FOR EACH PERSON KILLED AND INJURED)		INDICATE ON THIS DIAGRAM WHAT HAPPENED.		INSTRUCTIONS	
VEHICLE 1 (55) (56) KILLED	VEHICLE 2 (55) (56) INJURED			1. FOLLOW DOTTED LINES TO DRAW OUTLINE OF ROADWAY AT PLACE OF ACCIDENT.	
1 _____ FRONT LEFT				2. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW.	
2 _____ FRONT CENTER				3. USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT. DOTTED LINE AFTER ACCIDENT.	
3 _____ FRONT RIGHT				4. SHOW PEDESTRIAN BY: _____	
4 _____ REAR LEFT				5. SHOW RAILROAD BY: _____	
5 _____ REAR CENTER				6. SHOW DISTANCE AND DIRECTIONS TO LANDMARKS: IDENTIFY LANDMARKS BY NAME OR NUMBER.	
6 _____ REAR RIGHT					

DESCRIBE WHAT HAPPENED

(REFER TO VEHICLES BY NUMBER)

USE THIS SPACE FOR LISTING ADDITIONAL INJURED PERSONS. ALSO EXPLAIN QUESTIONS NOT FULLY ANSWERED BY CHECKING IN THE SPACES PROVIDED AND REASON FOR SUBMITTING IF SUPPLEMENTARY.

IF MORE SPACE IS NEEDED USE ANOTHER FORM OR A SHEET OF PAPER THE SAME SIZE.

Vehicle #1 met Vehicle #2 coming around curve, vehicle #1 jerked to the right going off the shoulder of the road, pulled back to left and lost control, rolling up on right side and hitting a tree.

(59)

OFFENSES
CHARGED DRIVER

Driver Vehicle # 1 - Reckless Driving

DRIVERS' ACTIONS INDICATED (CHECK ONE FOR EACH DRIVER)		MISCELLANEOUS (CHECK ONE ITEM FOR EACH DRIVER, IF APPLICABLE)		CONDITION OF DRIVERS AND PEDESTRIAN (CHECK ONE FOR EACH DRIVER AND PEDESTRIAN)		WHAT DRIVERS WERE DOING (CHECK ONE FOR EACH DRIVER)	
DRIVER 1 2 (60) (63)	1 _____ EXCEEDED SPEED LIMIT 2 _____ EXCEEDED SAFE SPEED BUT NOT SPEED LIMIT 3 _____ OVERTAKING ON HILL 4 _____ OVERTAKING ON CURVE 5 _____ OVERTAKING AT INTERSECTION 6 _____ IMPROPER PASSING OF SCHOOL BUS 7 _____ CUTTING IN 8 _____ OTHER IMPROPER PASSING 9 <input checked="" type="checkbox"/> WRONG SIDE OF ROAD-NOT OVERTAKING	DRIVER 1 2 (66)	12 _____ AVOIDING PEDESTRIAN 0 _____ AVOIDING OTHER VEHICLE 1 _____ AVOIDING ANIMAL 2 <input checked="" type="checkbox"/> SKIDDING-BEFORE APPLYING BRAKES 3 _____ SKIDDING-AFTER APPLYING BRAKES 4 _____ CROWDED OFF ROADWAY 5 _____ HIT AND RUN 6 _____ CAR RAN AWAY-NO DRIVER 7 _____ BLINDED BY LIGHTS	DRIVER 1 2 PED (69) (71) (73)	9 <input checked="" type="checkbox"/> NO DEFECTS 0 _____ EYESIGHT DEFECTIVE 1 _____ HEARING DEFECTIVE 2 _____ OTHER BODY DEFECTS 3 _____ ILL 4 _____ FATIGUED 5 _____ APPARENTLY ASLEEP 6 _____ OTHER HANDICAP	DRIVER 1 2 <input checked="" type="checkbox"/> GOING STRAIGHT AHEAD	_____ MAKING RIGHT TURN _____ MAKING LEFT TURN _____ MAKING U TURN _____ SLOWING OR STOPPING _____ STARTING IN TRAFFIC LANE _____ STARTING FROM PARKED POSITION _____ STOPPED IN TRAFFIC LANE _____ PARKED _____ BACKING _____ PASSING
(61) (64)	12 _____ DID NOT HAVE RIGHT-OF-WAY 0 _____ FOLLOWING TOO CLOSE 1 _____ FAILED TO SIGNAL OR IMPROPER SIGNAL 2 _____ IMPROPER TURN-WIDE RIGHT TURN 3 _____ IMPROPER TURN-CUT CORNER ON LEFT TURN 4 _____ IMPROPER TURN FROM WRONG LANE 5 _____ OTHER IMPROPER TURNING 6 _____ IMPROPER BACKING 7 _____ IMPROPER START FROM PARKED POSITION 8 _____ DISREGARDED OFFICER OR WATCHMAN 9 _____ DISREGARDED STOP-GO-LIGHT	PEDESTRIAN ACTIONS (CHECK ONE) (67-68)	01 _____ CROSSING AT INTERSECTION-WITH SIGNAL 02 _____ CROSSING AT INTERSECTION-AGAINST SIGNAL 03 _____ CROSSING AT INTERSECTION-NO SIGNAL 04 _____ CROSSING AT INTERSECTION-DIAGONALLY 05 _____ CROSSING NOT AT INTERSECTION-RURAL 06 _____ CROSSING NOT AT INTERSECTION-URBAN 07 _____ COMING FROM BEHIND PARKED CARS 08 _____ GETTING OFF OR ON SCHOOL BUS 09 _____ PLAYING IN ROADWAY 10 _____ GETTING OFF OR ON OTHER VEHICLE 11 _____ HITCHING ON VEHICLE 12 _____ WALKING IN ROADWAY WITH TRAFFIC-SIDEWALKS AVAILABLE 13 _____ WALKING IN ROADWAY WITH TRAFFIC-SIDEWALKS NOT AVAILABLE 14 _____ WALKING IN ROADWAY AGAINST TRAFFIC-SIDEWALKS AVAILABLE 15 _____ WALKING IN ROADWAY AGAINST TRAFFIC-SIDEWALKS NOT AVAILABLE 16 _____ WORKING IN ROADWAY 17 _____ STANDING IN ROADWAY 18 _____ LYING IN ROADWAY 19 _____ NOT IN ROADWAY	(70) (72) (74)	12 <input checked="" type="checkbox"/> HAD NOT BEEN DRINKING 0 _____ DRINKING-OBVIOUSLY DRUNK 1 _____ DRINKING-ABILITY IMPAIRED 2 _____ DRINKING-ABILITY NOT IMPAIRED 3 _____ DRINKING-NOT KNOWN WHETHER IMPAIRED	DRIVER VISION OBSCURED (CHECK ONE FOR EACH DRIVER)	DRIVER 1 2 _____ RAIN, SNOW, ETC. ON WINDSHIELD _____ WINDSHIELD OTHERWISE OBSCURED _____ VISION OBSCURED BY LOAD ON VEHICLE _____ TREES, CROPS, ETC. _____ BUILDING _____ EMBANKMENT _____ SIGNBOARD _____ HILLCREST _____ PARKED VEHICLES _____ MOVING VEHICLES _____ SPECIFY OTHER
(62) (65)	12 _____ DISREGARDED STOP OR YIELD SIGN 0 _____ DISREGARDED SLOW SIGN 1 _____ FAILED TO STOP AT THROUGH HIGHWAY-NO SIGN 2 _____ DROVE THROUGH SAFETY ZONE 3 _____ FAILED TO SET OUT FLARES OR FLAGS 4 _____ FAILED TO DIM HEADLIGHTS 5 _____ DRIVING WITHOUT LIGHT 6 _____ IMPROPER PARKING LOCATION 7 _____ OTHER VIOLATIONS 8 <input checked="" type="checkbox"/> NO VIOLATIONS			VEHICLE CONDITION (CHECK ONE FOR EACH VEHICLE)			
				VEHICLE 1 2 (75) (76)	8 <input checked="" type="checkbox"/> NO DEFECTS 1 _____ LIGHTS DEFECTIVE 2 _____ BRAKES DEFECTIVE 3 _____ STEERING DEFECTIVE 4 _____ PUNCTURE OR BLOWOUT 5 _____ WORN OR SLICK TIRES 6 _____ MOTOR TROUBLE 7 _____ OTHER DEFECTS		

SIGNATURE

P. K. Harris

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IF FILED BY POLICE

BADGE NO.

815

DEPT. of State

11/21/72

DATE OF REPORT (77)

WITNESS
OCCUPANT
DRIVER

FORM 18-150M-6/1/72

COMMONWEALTH OF VIRGINIA

No.

COUNTY (CITY) OF York

To Wit:

ARREST WARRANT

(Rule 3A:4)

TO ANY SHERIFF, POLICE OFFICER, OR OTHER AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth forthwith to arrest James Arnold Roberts

P. O. Box 91, Rt. 238, Lackey, Va.

(Name of accused, or a description by which the accused can be identified)

and to bring him (her) before the York County Court

(Designation of Court)

to answer a charge that he (she) committed an offense in the County (City) of York

on or about Nov. 21

1972

namely (give a brief description of the offense) unlawfully did operate a motor vehicle on the public highway in a careless and reckless manner to wit: fail to maintain proper proper control of his vehicle, causing an accident, against the peace and dignity of the Commonwealth.

On the basis of the sworn statement(s) of Trooper P. K. Hargis VSP

the undersigned has found probable cause to believe the accused has committed the offense.

If a written complaint has been made, it is attached to the original of this warrant.

You are also commanded, in the name of the Commonwealth, to summon the following as witnesses:

Name Address

Name Address

Name Address

Name Address

Given under my hand and seal, this 27 day of November Kathleen H. Weakley, Clerk 19 72

The following witnesses were recd

(Name of accused)
 each (if more than one) acknowledges himself indebted to the Commonwealth of Virginia in the sum of
 (\$) and waives all benefit under the homestead exemption laws of the State of Virginia as to this obligation.
 The condition of this obligation is that if

(Designation of court)
 on the _____ day of _____, 19____, at _____ m.,
 and at any time or times to which the proceedings may be continued in that court or heard on appeal, to answer for the offense with which he is charged,
 as I shall not depart without leave of the court and he of good behavior, then this obligation shall be void when final disposition
 of the charge is made; otherwise, this obligation shall remain in full force and effect until declared void and released by order of a competent court. Non-
 appearance before any court referred to herein shall be deemed to constitute a waiver of trial by jury.
 Whenever the context so requires, the masculine shall be deemed to refer to the feminine or neuter and the singular to the plural.

Given under our hands and seals this _____ day of _____, 19____.

(Name of corporate surety) (SEAL) (Accused) (Individual Surety) (SEAL)

Attorney-in-fact (or title of signing officer)
 Acknowledged before me in my County (City) on the date last above written.

(Signature of acknowledging official)
 (Title of acknowledging official)

(Address of surety)

1/23/73
 Hargis

DOCKET NO. 54-120

WARRANT OF ARREST

COMMONWEALTH vs. James A. Roberts

Reckless Driving--Fail to maintain
 proper control

Executed this, the 28th day of Dec., 1972
 Trooper P. K. Hargis
 Serving Officer

DISPOSITION OF CHARGE:

Dismissed

TH

1/23/73

Fine \$

Court \$

Total \$

to appear before the _____

Virginia, at _____

Virginia, at _____ M., on the _____

day of _____

under penalty of \$ _____

Fine _____

Liquidated Damages _____

COSTS

Warrant _____

Trial _____

Bail _____

Arrest _____

Clerk of Court _____

Committal (Date _____)

Witnesses _____

Sheriff/Sergeant: _____

Fees _____

Mileage _____

Commonwealth Attorney _____

Weighing Fee _____

Reportable Violation D.M.V. (\$5.00) _____

D.M.V. Abstract Fee (\$0.50) _____

Mood (Sample \$) _____ Analysis \$ _____

Court Appointed Attorney _____